Commissions/incentives paid to doctors by drugs companies

781. SHRI RAHUL BAJAJ:
SHRI RAJKUMAR DHOOT:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the regulation exists to stop doctors being paid commissions, incentives, etc. by drug companies for prescribing their drugs?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): Regulation 6.4.1 of The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 provides that a physician shall not give, solicit, or receive nor shall he offer to give, solicit or receive any gift, gratuity, commission or bonus in consideration of return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. A physician shall not directly or Indirectly, participate in or be a party to act of division, transference, assignment, subordination, rebating, splitting or refunding of medical fee for medical, surgical or other treatment.

Scheme to ensure health for all

782. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has been working on a scheme to ensure health for all by 2010;

(b) if so, the details thereof; and

(c) how much work in this regard has been accomplished and whether remaining work will be completed as planned earlier?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Government has already launched National Rural Health Mission (NRHM) for the period 2005-12 to improve access the quality health care on equitable and affordable basis for all citizens of the country. Under the National Rural Health Mission (NRHM) major improvements are being taken up in Primary Health Care System in the country and the thrust is on establishing a fully functional, community owned, decentralized health delivery system. NRHM facilitates simultaneous action on collateral determinants of health like water, sanitation, education, nutrition, etc. Under NRHM major steps have being taken to augment the Health Human Resources, Improve infrastructure and equipments at health facilities and improve planning, management and logistics/supply chain management at health facilities.

All the States have adapted the strategies under NRHM and the institutional framework has been operationalised. The intermediate goals of NRHM have been achieved as per the approved time line. The Annual Programme Implementation Plans(PIPs) of all the States and UTs have been approved for FY 2009-10.

GDP spending on health

783. SHRI MOHD. ALI KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is spending only one per cent of the GDP for the health of the people in the country;

(b) if so, the facts and complete details thereof;

(c) if not, the reasons therefor; and

(d) what steps Government is taking to improve the percentage for the welfare of the poor people like minorities especially living in slum areas in each State especially in Andhra Pradesh in the current Five Year Plan?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Government Spending on Health Sector is in the vicinity of one per cent of the GDP with the Central Govt. contribution on health in the range of 25% to 30% of the total Govt. spending. With the launch of the National Rural Health Mission (NRHM) in April 2005, budgetary allocations by the Union and State Governments have significantly gone up.

To enhance public spending on health a number of measures have been initiated in the spheres of primary, secondary, tertiary healthcare and control of Communicable and Non-communicable diseases. The NRHM aims at effecting an architectural correction in the existing healthcare delivery system particularly primary and secondary healthcare. The Mission *inter-alia* seeks to provide accessible, affordable, accountable, effective and quality health care facilities, especially to the poor and vulnerable sections of the population including minorities throughout the country including Andhra Pradesh etc.

Setting up of All India Institute of Ayurveda

784. SHRIMATI HEMA MALINI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has decided to set up All India Institute of Ayurveda on the pattern of AIIMS;

(b) if so, where and by when the Institute would be set up and at what cost;

(c) by when it is expected to be made operational and what are the salient features of the Ayurveda treatment; and

(d) whether it would be better in treatment than the previous National institute of Ayurveda at Jaipur?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Yes. Action has already been initiated to set up the All India Institute of Ayurveda at Sarita Vihar, New Delhi at a total capital cost of Rs.134.05 crores and recurring cost of Rs.20.50 crores within the 11th Plan so as:

i. to facilitate quality research about safety and efficacy of Ayurveda Products;

ii. to develop benchmark of Ayurvedic education, research and health care;

iii. to undertake inter-disciplinary education & research programme of Ayurveda in collaboration with premier national and international organizations;